



CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 31819
 Name: Cholla Production, LLC
 Address 1: 7851 S ELATI ST STE 201
 Address 2: _____
 City: LITTLETON State: CO Zip: 80120 + 8081
 Contact Person: Emily Hundley-Goff
 Phone: (303) 623-4565
 CONTRACTOR: License # 33575
 Name: WW Drilling, LLC
 Wellsite Geologist: none
 Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 CM (Coal Bed Methane)
 Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: Gemini Corp.
 Well Name: Mines B-1

Original Comp. Date: 11/05/1978 Original Total Depth: 4020

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
 Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

<u>12/7/2010</u>	<u>12/9/2010</u>	<u>2/17/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-039-20431-00-01

Spot Description: _____
N2 SE SE NW Sec. 14 Twp. 2 S. R. 30 East West
2,080 Feet from North / South Line of Section
2,310 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Decatur

Lease Name: Kyte-Jording Well #: 2-14

Field Name: _____

Producing Formation: Lansing

Elevation: Ground: 2798 Kelly Bushing: 2803

Total Depth: 4040 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 259 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: 2556 Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 17500 ppm Fluid volume: 700 bbls

Dewatering method used: Evaporated

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Letter of Confidentiality Received
 Date: 04/01/2011
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: NAOMI JAMES Date: 04/04/2011